

# Appointed Counsel Request for Compensation

<b>Jurisdiction</b> <input type="checkbox"/> District <input type="checkbox"/> Juvenile  <input type="checkbox"/> County Court at Law  Court # _____	<b>Cause Number</b> _____ _____ _____	<b>Offense</b> _____ _____ _____	<b>Offense Date</b> _____ _____ _____	<b>Proceeding</b> (use code) _____ _____ _____	<b>Disposal</b> (use code) _____ _____ _____	<b>Proceeding Code</b> 1 = Trial-Jury    2 = Trial-Court 3 = Plea-Open    4 = Plea-Bargain 5 = Other _____  <b>Disposal Code:</b> P = Probation J = Jail Time        A = Acquitted
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**Defendant's Full Name or Juvenile's Initials**

**Case Level** (check the appropriate box/es)  
 Felony:  1    2    3    State Jail     Adjudication or  Revocation     Capital Case     Appeal     Juvenile  
 Misdemeanor:    A    B     Adjudication or  Revocation     No Charges Filed     Child Protective Services  
 Other: \_\_\_\_\_

<b>Attorney</b> (Full Name)		Telephone	<b>Attorney Address</b> (Include Firm Name & ID#, if applicable)	
State Bar Number	Tax ID Number	Vendor ID		
				Make payment to <input type="checkbox"/> Attorney <input type="checkbox"/> Firm-ID#

**Flat Fee – Court Appointed Services**

	\$
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<b>In Court Services</b>	Total Hours	Dates
	Hourly Rate	\$

<b>Out of Court Services</b>	Total Hours	Dates
	Hourly Rate	\$

<b>Investigator Expenses</b>	\$
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<b>Expert Witness Expenses</b>	\$
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<b>Miscellaneous Expenses</b>	\$
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**Time Period of Service Rendered:** From \_\_\_\_\_ Date to \_\_\_\_\_ Date

<b>Additional Comments</b>	<b>Total Compensation and Expenses Claimed</b> (attach stmt)
	\$

Final Payment Application    Partial Payment Application

Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.  
**A detailed statement is attached.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>SIGNATURE OF PRESIDING JUDGE</b>	<b>Date Signed by Judge</b>	<b>Judicially Approved Amount</b>
		\$

<b>Reason(s) for Denial or Variation:</b> <input type="checkbox"/> Request exceeds flat rate <input type="checkbox"/> Request exceeds hourly rate times hours worked	<b>To Be Added to Court Costs</b>
<input type="checkbox"/> Other: _____	\$